

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5-19-05</u>		2 Serial/Patent # <u>10 517803</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other			\$ <u>100.00</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <u>04-1105</u>	
10 REASON:			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>J. Hugel</u>		TITLE: <u>P.P.R./egn)</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 X201</u>	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B